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ABSTRACT

This guide to alcohol and other drug abuse prevention for individuals with mental retardation begins with a definition of mental retardation and developmental disability. The implications of alcohol and other drug use for individuals with mental retardation are noted, emphasizing that this population does not use alcohol or other drugs as frequently as the general population but may develop problems more quickly than nondisabled peers if they do use these substances. Factors that place individuals with mental retardation at risk for alcohol or drug abuse are outlined, and program efforts to prevent alcohol and other drug abuse are encouraged to include information specific to the person's disability. Suggestions to bring about positive interactions with this population are offered, and five commonly held myths about individuals with mental retardation are dispelled with factual information. A list of 10 organizational resources, 3 printed resources, and 11 references is also provided. (JDD)

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A Look at Alcohol and Other Drug Abuse Prevention and...

MENTAL RETARDATION

Mental retardation affects approximately 1 to 2% of the population, involving slightly more males than females (DSM III R, 1988). It is defined as sub-average intellectual functioning to such a degree that it interferes with activities of daily living. A diagnosis of mental retardation only applies if the onset of the condition was before age 18. Also, the person must experience problems in daily living as a result of the condition. It has been estimated that there are over 200 causes for mental retardation ranging from genetic disorders to environmental pollution.

There are four levels of mental retardation—mild, moderate, severe, and profound, with most diagnoses falling in the mild category. Typically, an I.Q. score of 70 or below is indicative of mental retardation.

Mental retardation is often referred to as a developmental disability. The federal definition of a developmental disability is a severe, chronic disability of a person which:

- is attributable to a mental or physical impairment or combination of physical and mental impairments;
- is manifested before the person attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic self-sufficiency; and
- reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

This definition is interpreted differently at the state level. Disabilities such as brain injury, autism, cerebral palsy, and other neurological impairments may be included.

The degree to which a person with mental retardation adapts into society depends a great deal on early identification, family support, and appropriate education. Most people with mental retardation can function in jobs and live independently if appropriate educational and support services are available.

The Implications of Alcohol and Other Drug Use

People with mental retardation, as a group, do not appear to use alcohol or other drugs as frequently as the general population. However, when people with mental retardation use alcohol or other drugs, problems may occur more quickly than for nondisabled peers. Limited social skills are a major reason that problems from use are likely, even with moderate levels of consumption.

One high risk group is people with mental retardation who come from a family where heavy

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alcohol or drug use is normal. In these situations, it is not uncommon for the family member with mental retardation to encounter serious problems from use while still a teen (Westermeyer, et al., 1988).

Living with family members who abuse alcohol or other drugs is especially risky for a person with mental retardation. In those cases, problems are more likely to result even if the person with mental retardation uses less than other members of the household (Westermeyer, et al., 1988). People transitioning into independent living, after being sheltered by family or agencies, also are at risk for alcohol abuse (Edgerton, 1986). The problems in these cases can include difficulties with employment, family, and police.

A Fact

A major health concern at the present time relates to the number of alcohol or other drug-affected babies that are born each year—many of these children will experience some level of cognitive impairment. It is estimated that as many as 375,000 babies are born each year in the United States with problems related to alcohol and other drug abuse, according to the National Association on Perinatal Addiction Research and Education. This represents a major educational and social service challenge which will face this country for many years to come.

Another risk factor involves use of prescribed medications in combination with alcohol. Many people with mental retardation take strong medications, including anti-convulsant drugs. Many of these people are unaware of the side effects when used with alcohol (DiNitto and Krishef, 1984).

Alcohol and other drug abuse prevention efforts should include information specific to the person's disability. For example, the following points might be emphasized in discussions with a person with mental retardation:

- Alcohol and other drugs can interfere with learning and developing social skills, decreasing a person's ability to be independent.
- If a person with mental retardation is living in a supervised living situation or group home, there are probably very specific rules about use of alcohol and other drugs. If those rules are broken, a person's living arrangements can be jeopardized and eviction may occur.
- Even small amounts of alcohol can be harmful in combination with prescription drugs.
- There is a difference between taking medication and using alcohol and other drugs to deal with emotions and difficult situations. It is important to learn effective ways to deal with stress and other problems and not use alcohol and other drugs to do so.

Suggestions to Improve Positive Interactions

Break down concepts into small, easy to understand components. Use concrete terms and avoid abstract ideas. Do not be afraid to explain concepts in logical steps in sessions that may be separated by hours or days.

Because of its social desirability, it is possible for a person with mental retardation to insist that he or she understands a concept when this is not true. When discussing or teaching a point, be certain that the person understands the concepts involved.

Avoid the tendency to talk around or about a person with mental retardation when that person is present. Direct questions or comments to that person, and allow him or her to seek assistance in answering if necessary.

If the communication deficits are significant, it may be helpful to involve an advocate in conjunction with the person with mental retardation. The advocate, someone who is familiar with the lifestyle and communication patterns of this person, can be of assistance in facilitating conversation or planning for needed services.

Resources

Picture-Ideas Booklet, Twelve Ideas for My Improvement by Alexander Boros.The booklet is spiral bound and describes pictorially the "Twelve Steps of A.A." in a simplified version. A separate set of Instruction Sheets are also available to help sponsors use this booklet in their work with new members who have difficulty with the traditional language of A.A. literature. For ordering forms and cost, write Alexander Boros, AID, Sociology Department, Kent State University, Kent, Ohio 44242. (216) 672-2440

Me, Myself and I! A Comprehensive Curriculum for High-School Aged Educable Mentally Handicapped brings alcohol and other drug abuse prevention to youth, presented in a video format with an accompanying teacher manual (July 1990). It is available through Project Oz, 210 E. Grove Street, Bloomington, IL 61701. Phone: (309) 827-0377. The cost is $150 in Illinois, $200 out-of-Illinois, plus shipping and handling.

A booklet for alcohol and other drug abuse counselors, people with developmental disabilities, family members and service providers is *Facts About Alcohol, Other Drugs and Developmental Disabilities* (1989). To order, contact the Wisconsin Clearinghouse, Dept. C, PO Box 1468, Madison, Wisconsin 53701. Phone: (800) 322-1468. The cost is $.75.

ETC.

This space has been provided for you. Make notes or write questions that you want to ask resource organizations or agencies.

MYTHS & **FACTS**

MYTH: *People with mental retardation cannot live independently.*

FACT: Many people with mental retardation can achieve independence in daily living. Supervised housing also empowers some people with mental retardation to achieve independence.

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MYTH: *People with mental retardation prefer to spend time around other people with the same disability.*

FACT: Although it is natural to enjoy activities with peers, people with mental retardation also require and seek contact with people with normal intellectual functioning. The emotional states experienced by a person with mental retardation are identical to those of everyone else. Since expressive language is most impaired, other people tend to underestimate the emotional and social potential of the person with mental retardation.

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MYTH: *All adults with mental retardation are childlike.*

FACT: A person's developmental abilities are influenced by many factors, including the relationship with family and friends, school and work environment and the opportunities provided for growth and social development.

MYTH: *People with mental retardation are mentally ill.*

FACT: A person with limited cognitive abilities can have the same range of emotional expression and emotional health as anyone else. People with mental retardation are most likely to behave inappropriately when there has not been access to environments which are supportive and successful.

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MYTH: *People with mental retardation do not like to drink.*

FACT: Drinking is a socially learned behavior which is most associated with a person's specific culture and family. A person with mental retardation would be motivated to drink for reasons similar to anyone else—for social acceptance and the use of leisure time.

REMEMBER

ASK AND LISTEN!

A person with a disability is the expert about his or her disability.

Resource Center on Substance Abuse Prevention and Disability ▪ 1331 F Street N.W., Suite 800 ▪ Washington, DC 20004
Voice (202)783-2900 ▪ TDD (202)737-0645 ▪ Fax (202)737-0725

For More INFORMATION

Organizations

Association for Retarded Citizens
PO Box 1047
Arlington, TX 76006
(817) 261-6003
(817) 277-0553 TDD

American Association on Mental Retardation
1719 Kalorama Road, NW
Washington, DC 20009
(202) 387-1968
(800) 424-3688

National Association of Developmental Disabilities Council
1234 Massachusetts Avenue
Washington, DC 20005
(202) 347-1234

People First
PO Box 648
Clarkston, WA 99403
(509) 758-1123

Community Contacts

Many of the listed organizations have state and local chapters.

To locate additional resources contact your state Governor's Committee of People with Disabilities

or obtain a State Resource Sheet from

National Information Center for Children and Youth with Disabilities
PO Box 1492
Washington, DC 20013
(703) 893-6061
(800) 999-5599 • (703) 893-8614 TDD

Government Agencies

Administration on Developmental Disabilities
200 Independence Avenue, SW
Room 336D
Washington, DC 20201
(202) 245-2890

Office of Special Education Programs
Room 3086
Switzer Building
330 C Street, SW
Washington, DC 20036
(202) 732-1007
(202) 732-1170 TDD

President's Committee on Mental Retardation
Room 5325
Cohen Building
330 Independence Avenue
Washington, DC 20201
(202) 619-0634

Rehabilitation Services Administration
U.S. Department of Education
330 C Street, SW
Washington, DC 20001
(202) 732-1282
(202) 732-2848 TDD

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This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
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Resource Center on Substance Abuse Prevention and Disability ▪ 1331 F Street N.W., Suite 800 ▪ Washington, DC 20004
Voice (202)783-2900 ▪ TDD (202)737-0645 ▪ Fax (202)737-0725